

\$1744

25864.00600

FORM PTO-1083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

INBROM, Edward

Serial No: 09/315,688

Filed: May 20, 1999

For: METHOD FOR QUANTIFYING ANTIOXIDANT LEVELS
IN FOOD AND MEDICAL SPECIMENS

Art Unit: 1744

Examiner: K. OLSEN

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents
Washington D.C. 20231, on
September 30, 2002

Date of Deposit

Heather B. Del Bosco

Name

Signature

09/30/02

Date

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☒ Petition for Extension of Time (3 months)
☒ No additional fee is required.

The fee has been calculated as shown below:

IS THIS HAS BEEN CALCULATED AS SHOWN BELOW								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	TOTAL FEE DUE
TOTAL CLAIMS FEE	5	-	5 **	0	LG=\$18 SM=\$9	\$0	0	
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$84 SM=\$42	\$0	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140			0
TOTAL								0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1796, referencing docket number 25864.00600. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
CROSBY, HEAFEY, ROACH & May

Date: September 30, 2002

By:

Stefan J. Kirchanski

Registration No. 36,568

Attorney for Applicant(s)

1901 Avenue of the Stars, Suite 700
Los Angeles, CA 90067
Phone: (310) 734-5200
Fax: (310) 734-5299